CDL-1 REV. 1/02

DIVISION OF MOTOR VEHICLES

Building 3, Capitol Complex, Charleston, West Virginia 25317

APPLICATION FOR A COMMERCIAL DRIVER'S LICENSE AND/CLASS D

To Apply for a CDL License: You must submit a copy of your Department of Transportation Medical Certificate (Long Form Physical) and all required fees with this application. Please complete both sides of this application in full. If this is your first time applying for a commercial driver's license and/or endorsement, you must provide the Division with your social security card to verify number.

| الا المنظل المنظ المنظل المنظ | | | TING AND ENDORSEMENT FEE |
|--|--|---|--|
| | RIVER'S LICENSE FEES A | | |
| - Knowledge testing (includes general knowledge - Each endorsement fee | e, air brakes and combination ven | icles | \$10.00 |
| - If adding an endorsement to current CDL, add of | lunlicate fee to endorsement total | *************************************** | \$5.00 |
| - Road Skills Test (payable to examiner at time of | f testing) | | \$75.00 |
| - CDL Applications, renewal and transfer fees. To to the chart below: To get your calculated age, chart, find the last digit of your total. For examy column of that row. Your calculated age may di December should use the following year to calculated. | o calculate the number of years yo subtract your birth year from the ole, if your total is 47, find the 7. ffer from your actual age. All ind | our CDL will be issued a current year. Using the C The correct fee for the lic | nd the cost, please refer Calculate Age column in the cense will be in the last |
| LAST DIGIT OF CALCULATED AGE | LICENSE ISSUED FOR | LICENSE FEE | CLASS D LICENSE FEE |
| 1 or 6 | 4 years | \$35.00 | \$25.50 |
| 2 or 7 | 3 years | \$26.25 | \$19.25 |
| 3 or 8 | 7 years | \$61.25 | \$44.25 |
| 4 or 9 | 6 years | \$52.50 | \$38.00 |
| 5 or 0 | 5 years | \$43.75 | \$31.75 |
| - If you are under the age of 21, please use the | information below to determine y | our application fees. The | ese licenses expire when the |
| applicant reaches age 21. AGE 18 - CDL/\$26.25, CLASS D/\$19.25 A | GE 19 - CDL/\$17.50, CLASS D | /\$13.00 ACE | 20 - CDL/8.75, CLASS D/\$6.75 |
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| ENDORSEMENTS | | £1000000000000000000000000000000000000 | RICTIONS |
| () Passenger Vehicle- requires skills test () Tan | | |) Vehicle Without Airbrakes |
| () Double/Triple Trailers () Hazardous Materials | Transportation | () Intra-state (| only () Under 21 Years of Age |
| Class C Any single vehicle, or combination of vehicle to transport 16 or more passengers, includin Class D A Class D license will be issued to those pers | les, that does not meet the definitio g the driver, or is placarded for ha ons 18 years and older who have a | azardous materials transpo valid WV driver's license fo | as contained herein, but that either is de ortation. r at least one year, and whose primary fu |
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| | had your license or privilege to drive suspended, revoked, canceled or refused? If you answered no, please sign on the line below: | | |
|--|--|--|--|
| Signature: | Date: | | |
| 2. If you answered yes, please specify the reason | for denial, what state you were suspended in, and the date of your suspension. | | |
| Date of Suspension: | Signature: Date: | | |
| 3. Do you have any condition which might affect | et your ability to operate a motor vehicle, such as: | | |
| □Seizures or Unconsciousness □Alcohol or | Drug Problem ☐Hearing / Vision Problems ☐Heart Problems ☐Other | | |
| | ED YES TO ANY OF THE ABOVE QUESTIONS, ANATION MUST ACCOMPANY THIS APPLICATION | | |
| Do you owe a child support obligation? Do you owe a child suport obligation that is | nplete these questions will require the Division to deny the issuance of this license. Yes No more than 6 months in arrears? Yes No ed warrant, subpoena or court order? Yes No | | |
| I hereby certify, under penalty of false swea | ring that all my answers to the questions are true. | | |
| Signature: | Date: | | |
| I will operate the following type(s) of vehicle(s): Number of years experience driving a commerce | tial vehicle: | | |
| CFR391 Medical Certificate (DOT Long Form F | | | |
| (Copy of Long Form Physical must be submitted) | | | |
| I certify that I am not covered by the FMCSI Signature: | R (DOT Requirements), Part 391, and DO NOT require a medical certificate. Date: | | |
| I certify that I give consent to release my driv | | | |
| Signature: | Date: | | |
| | ELY PRECEDING THIS APPLICATION, I CERTIFY TO THE FOLLOWING: ense, at one time, since July 1987, except when required by CFR 383.91 (a)(6). | | |
| Signature: | Date: | | |
| Virginia Code 17E-1-13. | cle violation for the disqualification offenses contained in 383.51, West | | |
| Signature: 3. I have not violated any state or local law relati connection with any traffic accident. | ng to motor vehicle traffic control (other than parking tickets) arising in | | |
| Signature: | Date: | | |
| 4. I do not have any record of an accident in which | ch I have been designated to be at fault. | | |
| Signature: | Date: | | |
| | y false statement or show false evidence of age and/or identity on this application. canceled. If I am convicted of such act(s), I further understand that I can be | | |
| Signature of Applicant: | Date: | | |

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